DOCKET ITEM:	BOARD MEETING:	EXEMPTION NUMBER:
C-1	August 16, 2011	E-10-011

EXEMPTION APPLICANT(S):

Iowa Health System ("IHS"), Methodist Health Services Corporation ("MHSC") and The Methodist Medical Center of Illinois ("MMCI")

FACILITY NAME and LOCATION:

The Methodist Medical Center of Illinois, Peoria

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

• The applicants are Iowa Health System ("IHS"), Methodist Health Services Corporation ("MHSC") and The Methodist Medical Center of Illinois ("MMCI") The applicants are proposing a change in the sponsorship or membership of a not for profit entity that controls a licensed health care facility. The FMV of the transaction is \$232,000,000.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

• 20 ILCS 3960 states that a change of control of a licensed health care facility requires approval of the State Board. Iowa Health System has an "AA-" Bond rating therefore the applicants qualify for an exemption to the certificate of need application.

PURPOSE OF THE PROJECT:

• The purpose of the project is to seek approval of the State Board for a change of ownership of a health care facility as required by the 20 ILCS 3960.

BACKGROUND/COMPLIANCE ISSUES:

• There were no background or compliance issues associated with the applicants.

FINANCIAL AND ECONOMIC FEASIBILITY:

• Iowa Health System has an "AA-" Bond rating. Fitch notes "that IHS "AA-" rating is supported by IHS geographic diversity and breadth of coverage throughout the State of Iowa, solid liquidity measures, and solid historical coverage of proforma debt service coverage. IHS is the largest provider of health care services in the State of Iowa. Methodist's "A" rating is supported by Methodist's strong balance sheet, light leverage, and a physician alignment strategy with employed physicians accounting for more than 65% of admissions. A primary credit concern is the competitive environment, with Methodist maintaining the second largest market share position (31%) behind OSF St. Francis (53%). Fitch Ratings believes the competitive environment may put pressure on capital spending in the medium

CHARITY CARE:

• The applicants have attested that there will be no change in charity care for two years after project completion. 2009 Profile Information is attached at the end of this report.

CONCLUSION:

• All requirements of the exemption application have been met. 20 ILCS 3960/6 states "The State Board shall establish by regulation the procedures and requirements regarding issuance of exemptions. An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility. For a change of ownership of a health care facility between related persons, the State Board shall provide by rule for an expedited process for obtaining an exemption. In connection with a change of ownership, the State Board may approve the transfer of an existing permit without regard to whether the permit to be transferred has yet been obligated, except for permits establishing a new facility or a new category of service."

STATE AGENCY REPORT CHANGE OF OWNERSHIP EXEMPTION

I. The Exemption Application

The applicants Iowa Health System ("IHS"), Methodist Health Services Corporation ("MHSC"), and The Methodist Medical Center of Illinois ("MMCI") are proposing a change in the membership or sponsorship of a not for profit corporation that owns or controls an Illinois licensed health care facility, as well as the physical plant and assets. Per the Strategic Affiliation Agreement between IHS and MHSC, IHS will become the sole corporate member of MHSC. MHSC will remain the sole corporate member of MMCI. Upon closing, MMCI will remain the licensee operating entity of the hospital. Other than for IHS becoming the sole corporate member MHSC, there will be no other change in the corporate structure of MHSC which will operate as a Senior Affiliate of IHS. The fair market value of the transaction is \$232,000,000.

The Illinois Health Facilities Planning Act defines a change of ownership as

". . . a change in the person who has ownership or control of a health care facility's physical plant and capital assets. A change in ownership is indicated by the following transactions: sale, transfer, acquisition, lease, change of sponsorship or other means of transferring control."

II. The Facility

The Methodist Medical Center of Illinois is a 329 bed acute care hospital providing medical/surgical, obstetrics, pediatrics, intensive care, rehabilitation, and acute mental illness services. In addition cardiac catheterization and open heart surgery are also provided. Table One below identifies the bed category of services and the authorized beds offered by the hospital, and their 2009 utilization.

	TABLE ONE											
The Methodist Medical Center of Illinois												
2009 Utilization												
Beds	Beds	Admissions	Days	ALOS	ADC	Utilization	Target Occ.	Met Target				
Medical Surgical	168	7, 570	37,995	5.0	104.0	61.9%	85%	No				
Pediatric	12	272	1,162	4.3	3.2	26.5%	65%	No				
Intensive Care	26	1,579	6,871	3.0	18.8	72.4%	60%	Yes				
Obstetric	16	2,340	5,948	2.5	16.3	101.8%*	75%	Yes				
AMI	68	2,689	20,867	7.8	57.2	84.1%	85%	No				
Rehabilitation	39	582	7,091	12.2	19.4	49.8%	85%	No				
Total	329	15,032	79,934									

Information taken from the 2009 IDPH Hospital Questionnaire

Number of days includes observation days.

III. The Applicant

Iowa Health System is an Iowa nonprofit corporation that controls directly or indirectly, a regional health care delivery system that includes 14 hospitals (2 in Illinois: Trinity Medical Center-Rock Island and Trinity Medical Center-Moline). Iowa Health System has an AA- bond rating. Methodist Health Services Corporation is an Illinois nonprofit corporation that controls The Methodist Medical Center of Illinois. Methodist Health Services Corporation has an A2 bond rating.

The Methodist Medical Center of Illinois is a member of Central Illinois Endoscopy Center, LLC which owns and operates an ASTC and is a member of Greater Peoria Specialty Hospital, LLC which owns and operates a long term acute care hospital in Peoria. MMCI owns a 49% interest in both LLC's. Because control of these two entities is not changing no exemption for a change of ownership was needed.

^{*}The Hospital has 10 LDRP's in addition to the 16 OB beds, utilization for the 10 LDRP's is being reflected in the information provided to the State Agency.

IV. The Proposed Transaction and Attestations

Iowa Health System will become the sole corporate member of Methodist Health Services Corporation. The change in corporate membership is a change in control of a health care facility as defined by current State Board rules. Upon closing Iowa Health System shall commit \$175 million for capital projects allocated during the first seven years after closing as follows; \$145 million for the replacement or renovation of Methodist's emergency department and its surgery and imaging facilities, and \$30 million to be used for strategic capital projects that MHSC's Board selects and approves upon joint recommendation of IHS's CEO and the MHSC's President as submitted by them to the MHSC Board at its request. MHSC will service any debt related to the capital commitment and MHSC will become part of IHS obligated group.

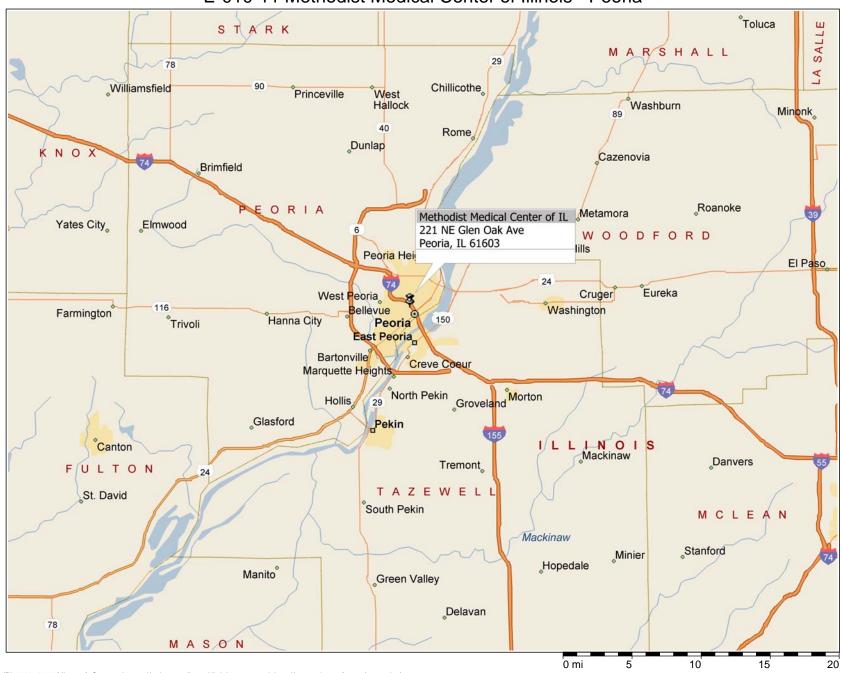
The FMV of the transaction (\$232 million) was estimated by using three valuation methodologies. Kaufman Hall was engaged to perform this valuation. An executive summary is provided at pages 15-36 of the exemption application documenting the 3 valuation methodologies.

The applicants have attested that all beds and services will not substantially change for at least 12 months following the completion of the proposed transaction, and there will be no change resulting in the restriction of patient admissions or reductions in access to care or a more restrictive charity care policy. The applicants attest that all projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of 77 IAC 1130.520. The applicants have attested that ownership and control of The Methodist Medical Center of Illinois will be maintained by IHS for a minimum of three years following the receipt of the Certificate of Exemption. The applicants have certified that no adverse actions have been taken against them by the federal government, licensing or certifying bodies of the State of Illinois. The anticipated date for completion is on or before January 1, 2012.

VI. Other Information

Included in the information submitted to the State Board is the change of ownership exemption application for the proposed change of ownership of The Methodist Medical Center of Illinois.

E-010-11 Methodist Medical Center of Illinois - Peoria



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Hospital Profile CV	2000	Ma	thadist	Medical C	ontor			Po	oria	Page 1
Hospital Profile - CY Ownership, Manage				iviedicai C	enter	Patients by	, Pace	ret	Patients by Eth	
ADMINISTRATOR NAME: ADMINSTRATOR PHONE OWNERSHIP:	W. Michael B 309-672-5599	ryant	_		Bla	nite ack nerican Indian		81.9% 15.9% 0.1%	Hispanic or Latino: Not Hispanic or La Unknown:	1.1%
OPERATOR: MANAGEMENT: CERTIFICATION: FACILITY DESIGNATION:		·				Asian 0 Hawaiian/ Pacific 0 Unknown: 1			IDPH Number HPA HSA	: 1594 C-01 2
ADDRESS	221 Northeas				0 /	COUNT	Y: Peon	a County		
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	ation Data by Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical 0-14 Years	168	142	129	7,570 0	35,624 0 4,047	2,331	5.0	104.0	61.9	73.2
15-44 Years 45-64 Years 65-74 Years 75 Years +				1,225 2,360 1,368 2,617	10,613 6,816 14,148					
Pediatric	12	12	12	272	666	496	4.3	3.2	26.5	26.5
Intensive Care Direct Admission Transfers	26	26	26	2,257 1,579 678	6,871 4,807 2,064	0	3.0	18.8	72.4	72.4
Obstetric/Gynecology Maternity Clean Gynecology	16	29	25	2,340 1,957 383	5,835 <i>4,999</i> 836	113	2.5	16.3	101.8	56.2
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	68	64	64	2,689	20,867	0	7.8	57.2	84.1	89.3
Rehabilitation	39	31	27	582	7,091	0	12.2	19.4	49.8	62.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0					0				
Facility Utilization	329		-11 1011	15,032	76,954	•	5.3	218.9	66.5	

(Includes ICU Direct Admissions	Only	1)

	Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals					
	38.0%	24.7%	0.5%	22.9%	7.0%	6.9%						
Inpatients	5717	3719	72	3441	1046	1037	15,032					
	35.6%	26.0%	0.3%	30.2%	5.1%	2.8%						
Outpatients	75812	55528	726	64342	10819	5945	213,172					

Financial Year Report	<u>ed:</u> 1/1/2009 i	to 12/31/200	9 <u>Inpatient</u>	npatient and Outpatient Net Revenue by Payor Source Charity			Charity	Total Charity
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Care	Care Expense
Inpatient	40.8%	22.1%	0.3%	33.0%	3.8%	100.0%	Expense	5,761,783
Revenue (\$)	66,497,358	36,082,783	456,674	53,736,855	6,211,077	162,984,747	3,535,077	Totals: Charity Care as % of
Outpatient	23.7%	6.5%	0.3%	63.0%	6.5%	100.0%		Net Revenue
Revenue (\$)	40,679,461	11,096,625	502,930	108,265,703	11,219,704	171,764,423	2,226,706	1.7%

Birthing Data		Newborn Nursery Utilizati	Organ Transplantation		
Number of Total Births:	1,852	Level 1 Patient Days	4,414		^
Number of Live Births:	1,831	Level 2 Patient Days	325	Kidney: Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	3	Total Nursery Patientdays	4.739	Heart/Lung:	0
Delivery Rooms:	2	retair raisery raisemaaye	.,	Pancreas:	0
Labor-Delivery-Recovery Rooms:	0	<u>Laboratory Studies</u>			0
Labor-Delivery-Recovery-Postpartum Rooms:	10	Inpatient Studies	528,480	Liver:	0
C-Section Rooms:	2	Outpatient Studies	620,150	Total:	0
CSections Performed:	600	Studies Performed Under Contract	21,557		

^{*} Note: On 4/22/09, Board action resulted in 10 bed ICU reduction, new ICU count = 26. Facility total OB unit beds = 26 (CON OB = 16, LDRP= 10). 3 Antepartum OB beds are used at times when they peak to more than 26 OB beds.

				Surge	ery and Opera	ating Room U	<u>Itilization</u>				_	
Surgical Specialty		Operating	Rooms		Surgica	al Cases	<u>s</u>	Surgical Hour	<u>rs</u>	Hours p	Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Cardiovascular	2	0	0	2	359	0	2776	0	2776	7.7	0.0	
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0	
General	0	0	4	4	1463	2146	3705	3401	7106	2.5	1.6	
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0	
Neurology	0	0	1	1	227	41	826	87	913	3.6	2.1	
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0	
Oral/Maxillofacial	0	0	0	0	3	4	12	7	19	4.0	1.8	
Ophthalmology	0	0	0	0	15	1209	17	1166	1183	1.1	1.0	
Orthopedic	0	0	4	4	837	1406	2258	2458	4716	2.7	1.7	
Otolaryngology	0	0	4	4	103	804	242	1015	1257	2.3	1.3	
Plastic Surgery	0	0	0	0	57	913	152	1213	1365	2.7	1.3	
Podiatry	0	0	0	0	23	108	32	231	263	1.4	2.1	
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0	
Urology	0	0	2	2	387	856	827	1102	1929	2.1	1.3	
Totals	2	0	15	17	3474	7487	10847	10680	21527	3.1	1.4	
SURGICAL RECO	VERY STAT	IONS	Stag	e 1 Recov	ery Stations	10	Sta	age 2 Recove	ery Stations	15		

	Dedicated and Non-Dedicated Procedure Room Utilization											
	Procedure Rooms				<u>Surgic</u>	al Cases	9	Surgical Hours			per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	3	3	767	3726	418	1985	2403	0.5	0.5	
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0	
Pain Management	0	2	0	2	0	824	0	412	412	0.0	0.5	
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0	
	<u>Multip</u>	ourpose No	n-Dedicate	d Room	<u>ıs</u>							
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	

Cardiac Catheterization Lab	<u>os</u>	Cardiac Catheterization Utilization	
Total Cath Labs (Dedicated+Nondedicated la	bs): 4	Total Cardiac Cath Procedures:	7,465
Cath Labs used for Angiography procedure	es 2	Diagnostic Catheterizations (0-14)	0
Dedicated Diagnostic Catheterization Labs		Diagnostic Catheterizations (15+)	4,767
Dedicated Interventional Catheterization La	abs 0	Interventional Catheterizations (0-14):	0
Dedicated EP Catheterization Labs	0	Interventional Catheterization (15+)	549
Emergency/Trauma Care		EP Catheterizations (15+)	394
Certified Trauma Center by EMS	✓	0 " 0 D.	
Level of Trauma Service Level Adult		<u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:	391
Operating Rooms Dedicated for Trauma Car	e 1	Pediatric (0 - 14 Years):	0
Number of Trauma Visits:	8,913	Adult (15 Years and Older):	391
Patients Admitted from Trauma	466	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases:	155
Emergency Service Type: Number of Emergency Room Stations	Comprehensive 40	Outpatient Service Data	.00
Persons Treated by Emergency Services:	49,698	Total Outpatient Visits	213,172
Patients Admitted from Emergency:	6.767	Outpatient Visits at the Hospital/ Campus:	213,172
Total ED Visits (Emergency+Trauma):	58,611	Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment		Examinations		nations	Radiation Equipment			Therapies/
	Owned	Contract	Inpatient	Outpatient		Owned	Contract	Treatments
General Radiography/Fluoroscopy	11	0	20,928	29,473	Lithotripsy	0	1	73
Nuclear Medicine	4	0	1,110	3,273	Linear Accelerator	1	0	325
Mammography	4	0	0	16,407	Image Guided Rad Therapy	0	0	0
Ultrasound	4	0	1,445	10,197	Intensity Modulated Rad The	rap 1	84	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	1	0	0
Interventional Angiography	0		0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	1	0	83	736	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	6,460	16,826	Cyber knife	0	0	0
Magnetic Resonance Imaging	3	0	1,178	5,388	Cyber Killie	U	0	0